

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Assistant surgeon
Pre-op labs (CBC, CMP, PT, PTT, Bleeding Time, ESE) UA, PA, CXR, EKG
Right Microendoscopic Lumbar Decompression L5-S1
X-Ray AP/LAT Lumbar

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☐ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☒ Partially Overturned (Agree in part / Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

Medical necessity is established for the requested lumbar decompression to the right at L5-S1 with the assistant surgeon only.

There would be no requirement at this point in time for the requested preoperative laboratory studies, chest x-ray, EKG, UA, or radiographs of the lumbar spine.

Patient Clinical History (Summary)

The patient is a male who was injured on xx/xx/xx while lifting boxes and objects. The patient developed pain in the low back radiating to the left lower extremity. Treatment had included physical therapy that provided temporary benefits. No long term improvement was obtained with anti-inflammatories or epidural steroid injections. The patient was noted to have gastrointestinal upset with anti-inflammatories that limited their use. MRI studies of the lumbar spine from 04/03/13 noted a large disc extrusion at L5-S1 involving the right central zone and subarticular zone in the lateral recess with impingement of the right S1 nerve root. Moderate right foraminal narrowing was noted with impingement of the L5 foraminal nerve root. The patient was followed for continuing complaints of right sided low back pain radiating to the right lower extremity involving the calf and ankle region. The most recent assessment of the patient was from 01/06/15 which noted an antalgic gait with a positive straight leg raise to the right at 80 degrees reproducing L5-S1 radicular symptoms. There was decreased sensation in the right calf noted. No focal motor weakness was noted.

The requested services were denied on 01/26/15 as there was no indication of comorbidities that would support preoperative laboratory studies.

The request was again denied on 02/20/15 as there were no indications for preoperative laboratory studies.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient does present with objective evidence consistent with a right L5-S1 radiculopathy that has failed conservative treatment. MRI findings did note a large disc herniation to the right at L5-S1 which correlated with sensory loss and straight leg raise testing to the right on the most recent exam. The patient has failed a reasonable amount of conservative treatment to date that is recommended by guidelines. The prior reviewer's concerns were regarding the lack of indication for the extensive preoperative laboratory testing, chest x-rays, EKG, and radiographs of the lumbar spine. The clinical documentation submitted for review did not provide further information regarding any suspected comorbid conditions that would require this extensive preoperative testing given the patient's age. Therefore, it is this reviewer's opinion that medical necessity is established for the requested lumbar decompression to the right at L5-S1 with the assistant surgeon only. There would be no requirement at this point in time for the requested preoperative laboratory studies, chest x-ray, EKG, UA, or radiographs of the lumbar spine.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)